

PRENATAL SUBSTANCE EXPOSURE IN COLORADO

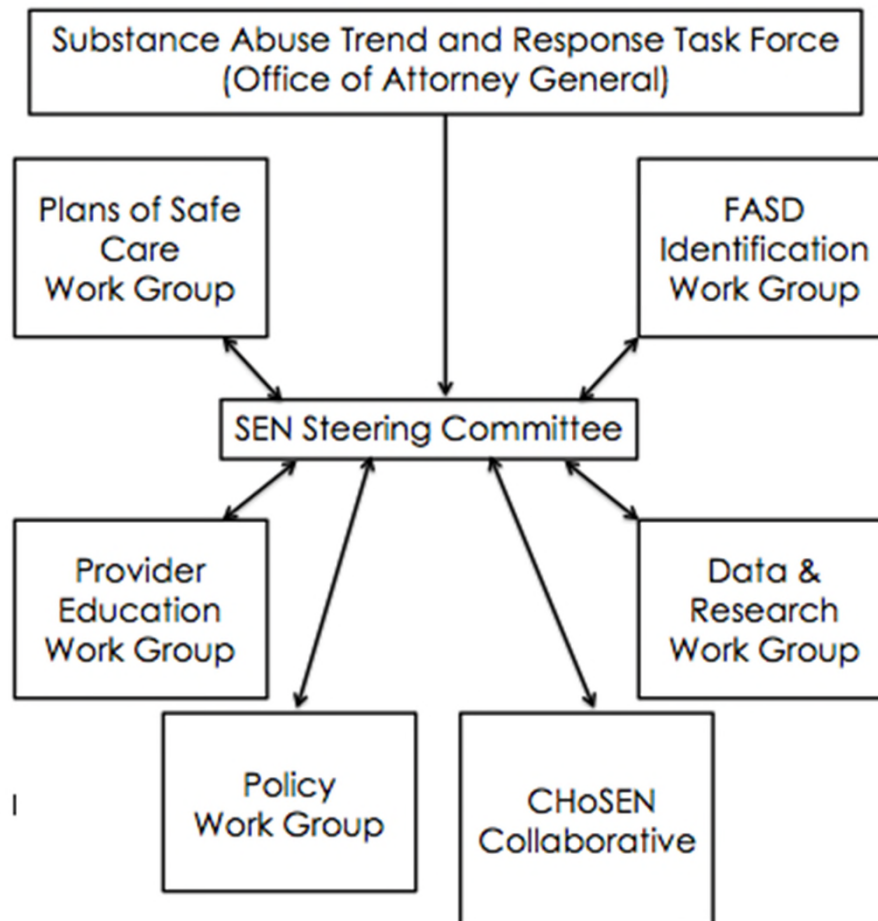
Jade Woodard, SEN Steering Committee Co-Chair

Affiliations



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Building Brighter Childhoods

Steering Committee Priorities & Structure



Colorado Data:

Pregnant & Postpartum Women

- Substance use during pregnancy:
 - 17.3% of pregnant women drank alcohol during the last three months of pregnancy (Up from 12% in 2015)
 - 6% used tobacco during the last three months of pregnancy
 - 5% used marijuana during pregnancy
- **Accidental drug overdose is the leading cause of maternal mortality in Colorado**
- Wait time: Pregnant women enrolled in the Special Connections program have an average wait of 8-12 weeks for short term treatment programs, with 20-30 women on the wait list
- **Only 3.3% of outpatient SUD treatment providers offer child care**
- Pregnancy and motherhood can be an increased time of motivation for substance use disorder treatment.

Colorado Data: Infants & Children

- Identification:
 - According to national estimates, 75 to 90 percent of substance exposed newborns go home unidentified and without services.
 - According to an NIH study published in February 2018, it is estimated that 1 in 20 first-graders have a Fetal Alcohol Spectrum Disorder (FASD).
- Cases of Neonatal Abstinence Syndrome in Colorado have increased by 83% from 2010 to 2015
- Child Welfare:
 - The majority of referrals related to substance use issues involve an infant less than one month old
- Infant Mortality:
 - Of 2012-2016 sudden unexpected infant deaths, 42% were exposed to smoke during pregnancy and/or after birth

Successes

- Multidisciplinary coordination and collaboration
- CRS 13-25-136: Protection from criminal prosecution
- Provider education efforts:
 - SEN Hospital Learning Collaborative (2016-2017)
 - Colorado Hospital SEN (CHoSEN) Collaborative (present)
 - 14 birth hospitals actively engaged in practice change
 - Perinatal Provider Education Platform (present)
- Special Connections program:
 - In FY 17, 90% of reported births had a successful birth weight
- FASD Screening Pilot:
 - 17th Judicial District in Adams County

Colorado Challenges and Gaps

- SUD treatment access and continuity
 - Only 5 Special Connections providers in Colorado
- Lack of standardized practice around screening
- Fear & stigma as barriers to engaging in prenatal care and SUD treatment, especially around the Children's Code
- Very limited capacity for FASD identification
- Limited access to appropriate recovery, parenting, and developmental supports for families
- Limited data and research

Policy Recommendations

Update the Colorado Children's Code to align with federal Child Abuse Prevention & Treatment Act requirements related to Substance Exposed Newborns

- Remove focus on drug testing at birth and tie in statute to Criminal Code Definitions of Scheduled Substances

CFPS Recommendation: Support policies to improve caregiver behavioral health, such as:

- Screening and referral during the perinatal period
- Health insurance coverage
- Behavioral health integration into primary care

Increase Access to and Support Continuation of MAT in jails, specifically for pregnant or postpartum women

- MAT is necessary to prevent acute withdrawal that can be detrimental to maternal-fetal health—particularly for pregnant women who are adhering to a program. Jail and/or incarceration can interrupt a pregnant woman's adherence to a program, putting both her health and her fetus's health at risk.

Policy Recommendations

Improve access and utilization of perinatal medical care and substance use disorder treatment

- Pilot co-location of obstetric and MAT/SUD treatment facilities to provide more holistic care to pregnant women with SUDs
- Pilot Expansion of Special Connections Eligibility and Provider Network
- Pilot practice transformation grants for obstetric practices to increase behavioral health integration using the model developed and tested by the State Innovation Model (SIM) Practice Transformation Project

Other Policy Considerations

- **Data:** Improve data collection, interoperability of data collection systems, and data sharing to inform decision making and improve practice related to addressing the impact on children of caregiver substance use—including child fatality data, child welfare data, medical data, public health data.
- **Home Visitation:** Support existing efforts to scale a continuum of home visiting programs across the state.
- **Child Care:** Expand child care options for parents accessing substance use disorder treatment and recovery services.
- **FASD & Juvenile Justice:** Pilot an FASD screening and referral program within juvenile justice to evaluate resource needs and cost savings